04281999-90013-045-$158.75-$158.75

FILED
Apr 28, 1999 8:00 am
Secretary of State
04-28-1999 90013 045 ***158.75

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000076961

1. Corporation Name
SOUTH MIAMI REHABILITATION FACILITY, CORP.

Principal Place of Business	Mailing Address
9600 SW 8 ST 35 MIAMI FL 33174 US	9600 SW 8 ST 35 MIAMI FL 33174 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 5617 NW 7 Street
Suite, Apt. #, etc.
22 14th Floor
City & State
23 Miami, FL
Zip 24 33126 Country 25 USA

2a. Mailing Address
26 P.O. Box 350187
Suite, Apt. #, etc.
27
City & State
28 Miami, FL
Zip 29 33135 Country 30 USA

3. Date Incorporated or Qualifed
09/05/1997

4. FEI Number
65-0778766
Applied For
Not Applicable

5. Certifcate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ANSIN, STELLA M
14227 SW 17 ST
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name: Jesus Gazquez
82 Street Address (P.O. Box Number is Not Acceptable): 1560 SW 139 Avenue
83
84 City: Miami, 85 FL Zip Code: 33184

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: JESUS GAZQUEZ, PTD DATE: 07/23/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD ANSIN, STELLA M 14227 SW 17 ST MIAMI FL 33175	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PTD Jesus Gazquez 1560 SW 139 Avenue Miami, FL 33184	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSO DEL POZO, ZOILA 11225 SW 99 CT MIAMI FL 33176	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JESUS GAZQUEZ 04/20/99 (305) 261-8363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #